

## CHAPTER 3

### SECTION 2.1

## INTEGUMENTARY SYSTEM

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#### I. PROCEDURE CODE RANGE

10040 - 19499

#### II. DESCRIPTION

Integumentary system pertains to the skin, subcutaneous tissue and areolar tissue.

#### III. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the integumentary system are covered, subject to the provisions of 32 CFR 199 and the provisions of the "Policy Considerations" section below.

#### IV. POLICY CONSIDERATIONS

##### A. Excision of Skin Lesions.

1. Excision of the following skin lesions and/or conditions may be covered without development. The removal of these lesions are considered medically necessary and not performed for cosmetic purposes.

##### a. Malignant lesions.

- (1) Basal cell carcinoma.
- (2) Squamous cell carcinoma.
- (3) Malignant melanoma.
- (4) Paget's disease of the nipple.
- (5) Mycosis fungoides.
- (6) Kaposi's sarcoma.

b. Premalignant lesions.

- (1) Actinic keratosis.
- (2) Leukoplakia (erythroleukoplakia).
- (3) Lentigo maligna (Melanotic freckle of Hutchinson).
- (4) Bowen's disease.
- (5) Queyrat's erythroplasia.
- (6) Keratoacanthoma.
- (7) Arsenical keratoses.
- (8) Tar keratoses.
- (9) Giant condyloma of Buschke and Lowenstein.
- (10) Oral florid papillomatosis.
- (11) Epithelioma cuniculatum.
- (12) Congenital melanocytic nevi.
- (13) Dysplastic nevi.
- (14) Organoid nevus (Jadassohn's sebaceous nevus).
- (15) Malignant degeneration in chronic irritant conditions:
  - (a) Thermal burn scars.
  - (b) Radiation dermatitis.
  - (c) Cutaneous ulcers.
  - (d) Ill fitting appliances.
  - (e) Cheilitis.
  - (f) Lichen sclerosus et atrophicus.
  - (g) Lichen planus.
  - (h) Lupus vulgaris.

c. Special conditions.

(1) Benign tumors/lesions which become irritated, occurring mainly on the neck, axilla, and groin.

(2) Physical changes in lesions:

(a) Size

(b) Color

(c) Surface characteristics

(d) Consistency

(e) Shape

(f) Surrounding skin, especially with signs of inflammation

(g) Bleeding

d. The removal of benign lesions absent the above special conditions is considered cosmetic and should be denied cost-sharing under the program.

e. Claims for excision of skin lesions and/or conditions not appearing in the above list must be reviewed for medical necessity prior to payment.

f. Claims that do not specify the size and location of the lesion excised will be developed for additional information.

2. Reimbursement is based on the location of the lesion, size of the lesion, whether the lesions are benign or malignant, and the type of skin closure.

3. Development is required for claims with a 22 modifier.

4. The use of laser surgery for removal of skin lesions is recognized when such surgery is considered acceptable medical practice for the condition. The laser being used has been approved by the Food and Drug Administration (FDA) for general use in humans (beyond the unproven stage), and the laser is merely used as a substitute for the scalpel. (Refer to [Chapter 3, Section 1.3](#) for additional coverage guidelines.)

#### B. Excision of Multiple Lesions.

1. Reimbursement of excision of multiple lesions performed during one operative session or the removal of benign skin lesions by destruction is limited to the CMAC amount for the procedure.

2. The contractor shall apply the factors as found in the CPT guide, when determining whether the CMAC amount is to be applied to a number of skin lesion removals or to each skin lesion removal.

C. Tissue Examinations. Tissue examinations performed by the operating physician in conjunction with excision procedures are covered.

D. Topical Treatment of Skin Ulcers Caused by Venous Insufficiency. Topical application of Alpigraf by a physician for the treatment of skin ulcers caused by venous insufficiency is a covered benefit. Effective May 26, 1998.

E. Treatment of Warts. Treatment of warts (17000-17110), including plantar warts, by surgical excision or other methods, is a covered service. Reimbursement is limited to the CMAC amount for the procedure.

F. Moh's Chemosurgery.

1. Moh's chemosurgery technique for excision of malignant skin lesions (17304-17310) is a covered service.

2. Reimbursement for successive levels of excision by Moh's technique is based on the allowable charge methodology and not on the multiple surgery reductions.

G. Topical Treatment of Diabetic Foot Ulcers. Application of Becaplermine Gel (Regranex) is a covered treatment of lower extremity diabetic neuropathic foot ulcers that extend into the subcutaneous tissue or beyond. Effective December 16, 1997.

H. Routine Foot Care.

1. Services rendered for routine foot care (e.g., trimming of nails, treatment of corns, treatment of calluses, hygienic and preventive maintenance, and the use of skin creams) are not covered regardless of whether the services are performed by a physician or a podiatrist.

2. An exception is made when the performance of such routine foot care may pose a hazard to patients with certain systemic conditions. When the following systemic conditions are present, the services will be considered a benefit.

- a. Diabetes mellitus with severe vascular disease.
- b. Arteriosclerosis obliterans (arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis).
- c. Buerger's disease (Thromboangiitis obliterans).
- d. Chronic thrombophlebitis.
- e. Patients on anticoagulants.
- f. Severe arthritis with functional impairment and circulatory impairment.
- g. Peripheral neuropathies involving the feet:
  - (1) Associated with malnutrition and vitamin deficiency (general pellagra).

- (2) Alcoholism.
  - (3) Malabsorption syndrome (celiac disease, tropical sprue).
  - (4) Pernicious anemia.
  - (5) Patients on cancer chemotherapy.
  - (6) Associated with malignancy.
  - (7) Associated with multiple sclerosis.
  - (8) Associated with uremia (chronic renal disease).
  - (9) Associated with traumatic injury.
  - (10) Associated with leprosy or neurosyphilis.
  - (11) Associated with hereditary disorders such as hereditary sensory radicular neuropathy, angiokeratoma corporis diffusum (Fabry's disease or syndrome), and amyloid neuropathy (hereditary neuropathic amyloidosis).
- h. Severe neurological impairment, e.g., stroke, spinal cord injury with impaired sensation and risk of infection.
  - i. The claim must have the diagnosis and name of the doctor of medicine or doctor of osteopathy attending the patient for the disease.

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